

Voluntown Recreation Commission

Yoga Classes
Wednesday's, October 12, 26, Nov. 2, 9th
Wednesday's, October 19 and Nov. 16th
Voluntown Elementary School Library
Ages 16 and up
Participant Registration Form

Name		Male/Female	Age
Street Address			
City/Town		State/Zip	
Email Address	Phone		
Program/Activity	Yoga Fee_	Drop in \$7pp resident / \$10pp	non-resident
Payment- Cash	Check	Date	
Emergency Contact Emergency Contact	NamePhone		
		allergies, medications, restriction	
in advance the Board of agents and employees for said classes or activities. binding on my heirs, personal commission has made my Voluntown Recreation Conditions of the activitic apply and agree to particular classes or activities listed personal injury or proper participation in said class (including photographs,	Education, Town of Volum om and against any and all It is understood and agree sonal representatives, next are aware, and I fully understoom may expose mores, result in my serious injuite therein. In considerate I above, I hereby waive, rety damage which I may have see or activities. Further, I avideotapes and other depice.	OF RISK AGREEMENT This release is town, the Voluntown Recreation Comm liability arising out of or connected with that this waiver, release and assumption of kin, spouse and assigns. The Voluntostand, that my participation in activities to dangers inherent in the activities that the acceptance of this application of the acceptance of this application lease and discharge any and all claims for each of the unreserved use of my name tions) for publicizing the Voluntown Remains not complete without signature.	ission, its officers, in my participation in on of risk is to be own Recreation sponsored by the at could, under normal edge, I voluntarily for entry into the or damages for death, is as a result of my and/or likeness
Signature		Date	
**For an emergency	cancellation how sho	ould we contact you? (Specify en	mail, text, call)